

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT										
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP	IND	DEP
1	1						51								
2		1					52								
3		1					53								
4		6					54								
5		1					55								
6		1					56								
7		1					57								
8		1					58								
9		1					59								
10		1					60								
11		1					61								
12		1					62								
13		1					63								
14		4					64								
15		4					65								
16		4					66								
17	1						67								
18		1					68								
19		3					69								
20		2	1				70								
21		2					71								
22		2					72								
23		10					73								
24		2					74								
25		4					75								
26	1						76								
27		1					77								
28		1					78								
29							79								
30							80								
31							81								
32							82								
33							83								
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36							86								
37							87								
38							88								
39							89								
40							90								
41							91								
42							92								
43							93								
44							94								
45							95								
46							96								
47							97								
48							98								
49							99								
50							100								
TOTAL IND.	3						TOTAL IND.								
TOTAL DEP.	48						TOTAL DEP.								
TOTAL CLAIMS	51						TOTAL CLAIMS								